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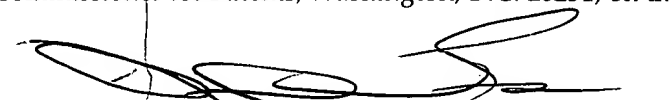
IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Konstantine Iourcha et al.
SERIAL NO.: 09/823,163
FILING DATE: March 30, 2001
TITLE: Area and Span Based Z-Buffer
EXAMINER: Unknown
ART UNIT: Unknown
ATTY.DKT.NO.: PA1744

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Date: MAY 16, 2001



Bradley W. Scheer

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PRELIMINARY AMENDMENT

Sir:

Prior to examination, please amend the subject application as follows:

In the Specification:

Please substitute the following amended paragraph for the pending paragraph with the same number.



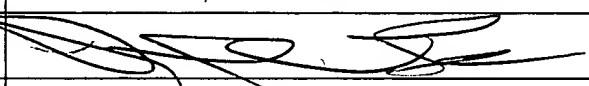
Please type a plus sign (+) inside this box → ☐


PTO/SB/21 (08-00)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/823,163	
	Filing Date	March 30, 2001	
	First Named Inventor	Konstantine Iourcha, et al.	
	Group Art Unit	unknown	
	Examiner Name	unknown	
Total Number of Pages in This Submission	4	Attorney Docket Number	PA1744US

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Total page number does not include postcard and check(s), if applicable.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Carr & Ferrell, LLP Cust. No. 22830
Signature	 REG. # 47,059
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